PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Cotumn 1) (Cotumn 2) TYPE OR SMALL ENTITY												
10	TAL CLAIMS		יק.					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8	asic fee	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			17 minus 20=		• હ		Γ	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		0		T	X42-		OR	X84=	
MILITIPLE DEPENDENT CLAIM PRESENT						t	+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	750
CLAIMS AS AMENDED - PART II										J	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS FREMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA OUSLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus		0			X\$-GF		OR	XS46_C	
	independent	• 3	Minus	***	3	• —		X429		OR	7205 784-	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
11/21/26							L	TOTAL DOT. FEE		OR	YOTAL ADDIT, FEE	
	(Column 1) (Cotumn 2) (Cotumn 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	1EST 1BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 6	Minus	• 2	J	-	$\vdash \Gamma$	X\$ 8=		OR	X\$18¤	
	Independent	. 2	Minus		3	•	┠╂	X42=		OA	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+280=	
						L	+140=		OR	TOTAL	 	
1	Ree	~		<i>.</i> .		10 -1	A	DOIT. FEE		OR	ADDIT. FEE	
	١-19.06 لـ	CLAMS	:	RIGI	mn 2) HEST	(Column 3)	l =		ADDI-	3	Λ	ADDI-
ENTC		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	٠ (و	Minus	•	20	. 0	ŀſ	X\$ 9=		OR	X\$18=	
AMENDME	Independent	• 3	Minus	-	3	. 0		X42-		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1	1290	
• If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.										OR	+260=	1
* If the entry th column 1 is less than the entry th column 2, write *V or column 3. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OTAL ADDIT. FEE												
	The "Highest Nur	sher Proviously Pa	d For (Total o	r Indopen	denti) is th	e Nighest numb	er four	dinth ap	propriate be	ox bn ca	olumn 1.	